

HEALTHCARE SCHOLARSHIP

APPLICATION

Answers must be typed or printed legibly



Russell Medical
FOUNDATION

Last name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Marital Status _____ # of Dependents _____ Male / Female _____

Institution you plan to attend _____

Anticipated Degree _____ Anticipated date of Graduation _____

Employment History:

Employer	Dates of Employment	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background:

Name of School	Date of Graduation	GPA
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any school and/or community activities in which you have been involved. Include any awards or honors.

References:

Name	Place of Employment	Phone #
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Have you ever volunteered or been employed by Russell Medical?

If so, give dates and department worked: _____

Check List:

- ◇ Completed Application
- ◇ Resume including leadership, volunteer and/or work experience
- ◇ Brief summary of your college plans and anticipated career path
- ◇ Copy of acceptance letter into an accredited nursing / medical school/allied health program
- ◇ Brief autobiography, including why you have chosen a health career
- ◇ Outline of the intended program of study with estimated cost analysis
- ◇ Two letters of reference (one professional and one personal)
- ◇ Transcript from previous college studies (GPA of 3.0 or greater is required)

Selection will be based on academic excellence and leadership

All applications should be submitted to Judy Wood in administration by April 1.

Note: The scholarship recipient agrees to accept full-time employment with Russell Medical Center after graduation for a period of time as out-lined in the contract. The exact amount of time is determined by the amount of the loan the student receives. _____ initials of applicant